

OASIS ITEM:
(M0040) Patient Name: <div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 5px 0;"> (First) (MI) (Last) Suffix) </div>
DEFINITION:
The full name of the patient: first name, middle initial, last name, and suffix (e.g., Jr., III, etc.).
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Enter all letters of the first and last names, the middle initial, and the abbreviated suffix. Correct spelling is important. • If no suffix, leave blank. If middle initial is not known, leave blank. • The name entered should be the patient's legal name, even if the patient consistently uses a "nickname." • The sequence of the names may be reordered (i.e., last name, first name, etc.), if desired.
ASSESSMENT STRATEGIES:
Use the same name as found on the patient's Medicare card, private insurance card, HMO identification card, etc.

OASIS ITEM:
(M0050) Patient State of Residence: __ __
DEFINITION:
The State in which the patient is currently residing while receiving home care.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none">• Enter the two-letter postal service abbreviation of the State in which the patient is CURRENTLY residing, even if this is not the patient's usual (or legal) residence.
ASSESSMENT STRATEGIES:
Clarify the exact (State) location of the residence with municipal, county, or State officials, if necessary.

OASIS ITEM:
(M0060) Patient Zip Code: _ _ _ _ _
DEFINITION:
The zip code for the address at which the patient is currently residing while receiving home care.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none">• Enter the zip code for the address of the patient's CURRENT residence.• Enter at least five digits (nine digits if known).
ASSESSMENT STRATEGIES:
Verify the zip code with the local post office, if necessary.

OASIS ITEM:
(M0063) Medicare Number: _____ <input type="checkbox"/> NA – No Medicare (including suffix, if any)
DEFINITION:
For Medicare patients only. The patient's Medicare number, including any prefixes or suffixes. Use RRB number for railroad retirement program.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Enter the number identified as "Claim No." on the patient's Medicare card. (NOTE: This may or may not be the patient's Social Security number.) • If the patient does not have Medicare, mark "NA - No Medicare." • If the patient is a Medicare HMO patient, enter the Medicare number if available. If not available, mark "NA - No Medicare." Do <u>not</u> enter the HMO identification number. • Enter Medicare number (if known) whether or not Medicare is the primary payment source for this episode of care. • If there are fewer digits than spaces provided, leave spaces at the end blank.
ASSESSMENT STRATEGIES:
Ask to see the patient's Medicare card. The referring physician may supply the number, but it should be verified with the patient.

OASIS ITEM:
(M0064) Social Security Number: ____ - ____ - ____ <input type="checkbox"/> UK - Unknown or Not Available
DEFINITION:
Refers to the patient's Social Security number only.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none">• Include all nine numbers. Mark "UK" if unknown or not available (e.g., information cannot be obtained or patient refused to provide information).
ASSESSMENT STRATEGIES:
Ask to see the patient's Social Security card, if available. The number may be available from the referring physician, but should be verified with the patient.

OASIS ITEM:
(M0065) Medicaid Number: _____ <input type="checkbox"/> NA – No Medicaid
DEFINITION:
The patient's <u>Medicaid</u> number only.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none">• Include all digits and letters. If patient does not have Medicaid coverage, mark "NA - No Medicaid."• If the patient has Medicaid, answer this item whether or not Medicaid is the reimbursement source for the home care episode.
ASSESSMENT STRATEGIES:
Ask to see the patient's Medicaid card or other verifying documentation. Make sure that the coverage is still in effect. The number may be available from the referring physician, but should be verified with the patient. Depending on specific State regulations or procedures, you may need to verify coverage and effective dates with the social services agency.

OASIS ITEM:
(M0066) Birth Date: __ __ / __ __ / __ __ __ __ month day year
DEFINITION:
Birthdate of the patient, including month, day, and four digits for the year.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for year.
ASSESSMENT STRATEGIES:
Ask the patient or caregiver for the complete birth date. The date may also be obtained from other legal documents (e.g., driver's license, state-issued ID card, etc.).

OASIS ITEM:
(M0069) Gender: <input type="checkbox"/> 1 - Male <input type="checkbox"/> 2 - Female
DEFINITION:
The gender of the patient.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS:
ASSESSMENT STRATEGIES:
Observation or interview.

OASIS ITEM:
(M0072) Primary Referring Physician ID: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> <p>_____</p> </div> <div style="flex: 0 0 150px;"> <input type="checkbox"/> UK – Unknown or Not Available </div> </div>
DEFINITION:
<p>The six-digit UPIN number.</p>
TIME POINTS ITEM(S) COMPLETED:
<p>SOC (Patient Tracking Sheet) and updated if change occurs during the episode.</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Write the six digits of the UPIN number. Leave spaces at the end blank if not needed. • Mark “UK - Unknown or Not Available” if UPIN number is not available. • This is the same number utilized for Medicare claims information. • If the referring physician is different from the physician signing the plan of care, use the UPIN number of the latter physician.
ASSESSMENT STRATEGIES:
<p>Obtain physician ID number from physician, medical office, or other provider location.</p>

OASIS ITEM:
(M0080) Discipline of Person Completing Assessment: <input type="checkbox"/> 1-RN <input type="checkbox"/> 2-PT <input type="checkbox"/> 3-SLP/ST <input type="checkbox"/> 4-OT
DEFINITION:
<p>Identifies the discipline of the clinician completing the comprehensive assessment at the specified time points or the clinician reporting the transfer to an inpatient facility or death at home.</p>
TIME POINTS ITEM(S) COMPLETED:
All
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> Only one individual completes the comprehensive assessment. Even if two disciplines are seeing the patient at the time a comprehensive assessment is due, only one actually completes and records the assessment.
ASSESSMENT STRATEGIES:
<p>The OASIS data set is designed to be discipline neutral in the wording of the items. An RN, PT, SLP, or OT may complete the assessment at any of the time points. The skilled provider must perform the comprehensive assessment during an actual visit to the patient's home and may not rely on a phone interview with the patient/caregiver or other health care providers.</p> <p>The only exceptions to this requirement for being "in the physical presence of the patient" are the OASIS data provided for Transfer to an Inpatient Facility (with or without agency discharge) or Death at Home. See information on M0100 - Reason for Assessment, Responses 6, 7, and 8 for additional clarification.</p>

OASIS ITEM:
(M0090) Date Assessment Completed: ___ / ___ / ___ month day year
DEFINITION:
The actual date the assessment is completed. If agency policy allows assessments to be performed over more than one visit date, the <u>last</u> date (when the assessment is finished) is the appropriate date to record.
TIME POINTS ITEM(S) COMPLETED:
All
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for the year. • For three of the responses to M0100 (Transfer to Inpatient Facility - patient not discharged from agency; Transfer to Inpatient Facility - patient discharged from agency or Death at Home) record the date the agency learns of the event, as a visit is not necessarily associated with these events. See information on M0100 - Reason for Assessment for additional clarification.
ASSESSMENT STRATEGIES:
Note today's date.

OASIS ITEM:
<p>(M0100) This Assessment is Currently Being Completed for the Following Reason:</p> <p><u>Start/Resumption of Care</u></p> <p><input type="checkbox"/> 1 – Start of care—further visits planned</p> <p><input type="checkbox"/> 3 – Resumption of care (after inpatient stay)</p> <p><u>Follow-Up</u></p> <p><input type="checkbox"/> 4 – Recertification (follow-up) reassessment [Go to M0175]</p> <p><input type="checkbox"/> 5 – Other follow-up [Go to M0175]</p> <p><u>Transfer to an Inpatient Facility</u></p> <p><input type="checkbox"/> 6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M0830]</p> <p><input type="checkbox"/> 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M0830]</p> <p><u>Discharge from Agency — Not to an Inpatient Facility</u></p> <p><input type="checkbox"/> 8 – Death at home [Go to M0906]</p> <p><input type="checkbox"/> 9 – Discharge from agency [Go to M0200]</p>
DEFINITION:
<p>Identifies the reason why the assessment data are being collected and reported. Accurate recording of this response is important as the data reporting software will accept or reject certain data according to the specific response that has been selected for this item.</p>
TIME POINTS ITEM(S) COMPLETED:
All
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Mark only one response. • Response 1: This is the start of care comprehensive assessment. A plan of care is being established, and further visits are planned. • Response 3: This comprehensive assessment is conducted when the patient resumes care following an inpatient stay of 24 hours or longer (for reasons other than diagnostic tests). Remember to update the Patient Tracking Sheet ROC date (M0032) when this response is marked. • Response 4: This comprehensive assessment is conducted during the last five days of the 60-day certification period. • Response 5: This comprehensive assessment is conducted due to a significant change (a major decline or improvement) in patient condition at a time <u>other than</u> during the last five days of the episode. This assessment is done to update the patient's care plan.

RESPONSE—SPECIFIC INSTRUCTIONS (Cont'd for OASIS ITEM M0100)

- Response 6: Data regarding the patient's transfer to an inpatient facility for 24 hours or longer (for reasons other than diagnostic tests) are reported. The patient is expected to resume care and is not discharged from the agency. When the patient resumes care, a Resumption of Care comprehensive assessment is conducted. Note the "skip pattern" included in the response. This response does not require a home visit; a telephone call may provide the information necessary to complete the required data items.
- Response 7: Data regarding the patient's transfer to an inpatient facility for 24 hours or longer (for reasons other than diagnostic tests) are reported. The patient is discharged from the agency. Note the "skip pattern" included in the response. This response does not require a home visit; a telephone call may provide the information necessary to complete the required data items. No additional OASIS discharge data are required.
- Response 8: Data regarding patient death other than death in an inpatient facility. A patient who dies before being admitted to an inpatient facility would have this response marked. Note the "skip pattern" included in the response. A home visit is not required to mark this response; a telephone call may provide the information necessary to complete the data items.
- Response 9: This comprehensive assessment is conducted at the patient's discharge from the agency. This discharge is not occurring due to an inpatient facility admission or patient death. An actual patient interaction (i.e., a visit) is required to complete this assessment. Note the "skip pattern" present in the response.

ASSESSMENT STRATEGIES:

Why is the assessment being conducted (or the information being recorded)? What has happened to the patient? Accuracy of this response is critical.

OASIS ITEM:
(M0140) Race/Ethnicity (as identified by patient): (Mark all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> 1 - American Indian or Alaska Native <input type="checkbox"/> 2 - Asian <input type="checkbox"/> 3 - Black or African-American <input type="checkbox"/> 4 - Hispanic or Latino <input type="checkbox"/> 5 - Native Hawaiian or Pacific Islander <input type="checkbox"/> 6 - White <input type="checkbox"/> UK - Unknown
DEFINITION:
The groups or populations to which the patient is affiliated, as identified by the patient or caregiver.
TIME POINTS ITEM(S) COMPLETED:
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> Response 1: American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Response 2: Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Response 3: Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." Response 4: Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." Response 5: Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Response 6: White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
ASSESSMENT STRATEGIES:
Interview patient/caregiver. The patient may self-identify with more than one group; mark all that are noted.

OASIS ITEM:
<p>(M0150) Current Payment Sources for Home Care: (Mark all that apply.)</p> <p> <input type="checkbox"/> 0 - None; no charge for current services <input type="checkbox"/> 1 - Medicare (traditional fee-for-service) <input type="checkbox"/> 2 - Medicare (HMO/managed care) <input type="checkbox"/> 3 - Medicaid (traditional fee-for-service) <input type="checkbox"/> 4 - Medicaid (HMO/managed care) <input type="checkbox"/> 5 - Workers' compensation <input type="checkbox"/> 6 - Title programs (e.g., Title III, V, or XX) <input type="checkbox"/> 7 - Other government (e.g., CHAMPUS, VA, etc.) <input type="checkbox"/> 8 - Private insurance <input type="checkbox"/> 9 - Private HMO/managed care <input type="checkbox"/> 10 - Self-pay <input type="checkbox"/> 11 - Other (specify) _____ <input type="checkbox"/> UK - Unknown </p>
DEFINITION:
<p>Identifies payers to which any services provided during this home care episode are being billed. Accurate recording of this item is important because assessments for Medicare and Medicaid patients are handled differently than assessments for other payers. If patient is receiving care from multiple payers (e.g., Medicare and Medicaid; private insurance and self-pay; etc.), include all sources. Exclude "pending" payment sources.</p>
TIME POINTS ITEM(S) COMPLETED:
<p>SOC (Patient Tracking Sheet) and updated when change occurs during the episode.</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • If the patient is receiving services provided as part of a Medicaid waiver or home and community-based waiver (HCBS) program, mark Response 3. • If one or more payment sources are known but additional sources are uncertain, mark those that are known. • If the patient is receiving services provided as part of a Medicare Preferred Provider Organization (PPO) Demonstration program, mark Response 2.
ASSESSMENT STRATEGIES:
<p>Referral source may provide information regarding coverage. This can be verified with patient/caregiver. Ask patient/caregiver to provide copy of card(s) for any insurance or Medicare coverage. This card will provide the patient ID number as well as current status of coverage. The agency billing office may also have this information. Determine if the patient has any out-of-pocket expenses for services received in the home.</p>

OASIS ITEM:
<p>(M0175) From which of the following Inpatient Facilities was the patient discharged <u>during the past 14 days?</u> (Mark all that apply.)</p> <p> <input type="checkbox"/> 1 - Hospital <input type="checkbox"/> 2 - Rehabilitation facility <input type="checkbox"/> 3 - Skilled nursing facility <input type="checkbox"/> 4 - Other nursing home <input type="checkbox"/> 5 - Other (specify) _____ <input type="checkbox"/> NA - Patient was not discharged from an inpatient facility [If NA, go to M0200]* </p> <p>* At Follow-up, change M0200 to M0230.</p>
DEFINITION:
Identifies whether the patient has recently (within past 14 days) been discharged from an inpatient facility. (Past 14 days encompasses the two-week period immediately preceding the start of care/resumption of care or the first day of the new certification period.)
TIME POINTS ITEM(S) COMPLETED:
Start of care Resumption of care Follow-up
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> Mark all that apply. For example, patient may have been discharged from both a hospital <u>and</u> a rehabilitation facility within the past 14 days. Rehabilitation facility is a freestanding rehab hospital or a rehabilitation bed in a rehabilitation distinct part unit of a general acute care hospital. A skilled nursing facility means a Medicare certified nursing facility where the patient received a skilled level of care under the Medicare Part A benefit. Determine the following: <ol style="list-style-type: none"> Was the patient discharged from a Medicare-certified skilled nursing facility? If so, then: While in the skilled nursing facility was the patient receiving skilled care under the Medicare Part A benefit? If so, then: Was the patient receiving skilled care under the Medicare Part A benefit up to 14 days prior to admission to home health care? If all three of the above criteria apply, select Response 3. If any of the criteria are not satisfied, but the patient was in some type of nursing facility in the past 14 days, select Response 4. Other nursing home includes intermediate care facilities for the mentally retarded (ICF/MR) and nursing facilities (NF). If patient has been discharged from a swing-bed hospital, it is necessary to determine whether the patient was occupying a designated hospital bed (Response 1), a skilled nursing bed under Medicare Part A (Response 3), or a nursing bed at a lower level of care or under (Response 4). If a patient was discharged from a long term care hospital, the correct response is 1.
ASSESSMENT STRATEGIES:
Information can be obtained from patient/caregiver or physician's office. When uncertain about the type of facility or whether the facility is an <u>inpatient facility</u> , it may be necessary to check with the facility regarding licensure/designation.

OASIS ITEM:
<p>(M0180) Inpatient Discharge Date (most recent):</p> <p>____/____/____</p> <p>month day year</p> <p><input type="checkbox"/> UK - Unknown</p>
DEFINITION:
<p>Identifies the date of the <u>most recent</u> discharge from an inpatient facility (within last 14 days). (Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.)</p>
TIME POINTS ITEM(S) COMPLETED:
<p>Start of care</p> <p>Resumption of care</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Even though the patient may have been discharged from more than one facility in the past 14 days, use the most recent date of discharge from any inpatient facility. • If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for the year.
ASSESSMENT STRATEGIES:
<p>Obtain information from patient, caregiver, or referring physician.</p>

OASIS ITEM:										
<p>(M0190) List each Inpatient Diagnosis and ICD-9-CM code at the level of highest specificity <u>for only those conditions treated during an inpatient facility stay within the last 14 days</u> (no surgical, E codes, or V codes):</p> <table> <tr> <td></td> <td><u>Inpatient Facility Diagnosis</u></td> <td><u>ICD-9-CM</u></td> </tr> <tr> <td>a.</td> <td>_____</td> <td>(_____.____)</td> </tr> <tr> <td>b.</td> <td>_____</td> <td>(_____.____)</td> </tr> </table>			<u>Inpatient Facility Diagnosis</u>	<u>ICD-9-CM</u>	a.	_____	(_____.____)	b.	_____	(_____.____)
	<u>Inpatient Facility Diagnosis</u>	<u>ICD-9-CM</u>								
a.	_____	(_____.____)								
b.	_____	(_____.____)								
DEFINITION:										
<p>Identifies diagnosis(es) for which patient was receiving treatment in an inpatient facility within the past 14 days. (Past 14 days encompasses the two-week period immediately preceding the start/resumption of care.)</p>										
TIME POINTS ITEM(S) COMPLETED:										
<p>Start of care Resumption of care</p>										
RESPONSE—SPECIFIC INSTRUCTIONS:										
<ul style="list-style-type: none"> • Include only those diagnoses that required treatment during the inpatient stay. If a diagnosis was not treated during an inpatient admission, do not list it. (Example: The patient has a long-standing diagnosis of “osteoarthritis,” but was hospitalized for “peptic ulcer disease.” Do <u>not</u> list “osteoarthritis” as an inpatient diagnosis.) • This is the diagnosis for which the patient received treatment, not necessarily the hospital admitting diagnosis (though it can be the same). • No surgical codes. List the underlying diagnosis that was surgically treated. If a joint replacement was done for osteoarthritis, list the disease, not the procedure. • No V codes or E codes. List the underlying diagnosis. • Three-digit code required; digits to the right of the decimal are optional. 										
ASSESSMENT STRATEGIES:										
<p>Obtain information from patient, caregiver, or referring physician. The current ICD-9-CM code book should be the source for coding.</p>										

OASIS ITEM:
<p>(M0200) Medical or Treatment Regimen Change Within Past 14 Days: Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?</p> <p> <input type="checkbox"/> 0 - No [If No, go to M0220] * <input type="checkbox"/> 1 - Yes </p> <p>* At discharge, change M0220 to M0250.</p>
DEFINITION:
<p>Identifies if any change has occurred to the patient's treatment regimen, health care services, or medications due to a new diagnosis or exacerbation of an old diagnosis within past 14 days. (Past 14 days encompasses the two-week period immediately preceding the start/resumption of care, or the discharge date.)</p>
TIME POINTS ITEM(S) COMPLETED:
<p>Start of care Resumption of care Discharge from agency – not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> If "No" is selected at discharge, the clinician should be directed to skip to M0250 (Therapies).
ASSESSMENT STRATEGIES:
<p>Obtain information from patient, caregiver, or referring physician.</p>

OASIS ITEM:																
<p>(M0210) List the patient's Medical Diagnoses and ICD-9-CM codes at the level of highest specificity <u>for those conditions requiring changed medical or treatment regimen</u> (no surgical, E codes, or V codes):</p> <table border="0"> <thead> <tr> <th></th> <th><u>Changed Medical Regimen Diagnosis</u></th> <th><u>ICD-9-CM</u></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>_____</td> <td>(_____.____)</td> </tr> <tr> <td>b.</td> <td>_____</td> <td>(_____.____)</td> </tr> <tr> <td>c.</td> <td>_____</td> <td>(_____.____)</td> </tr> <tr> <td>d.</td> <td>_____</td> <td>(_____.____)</td> </tr> </tbody> </table>			<u>Changed Medical Regimen Diagnosis</u>	<u>ICD-9-CM</u>	a.	_____	(_____.____)	b.	_____	(_____.____)	c.	_____	(_____.____)	d.	_____	(_____.____)
	<u>Changed Medical Regimen Diagnosis</u>	<u>ICD-9-CM</u>														
a.	_____	(_____.____)														
b.	_____	(_____.____)														
c.	_____	(_____.____)														
d.	_____	(_____.____)														
DEFINITION:																
<p>Identifies the diagnosis(es) that have caused an addition or change to the patient's treatment, regimen, health care services received, or medication within the past 14 days. (Past 14 days encompasses the two-week period immediately preceding the start/resumption of care [or the date of the discharge visit].)</p>																
TIME POINTS ITEM(S) COMPLETED:																
<p>Start of care Resumption of care Discharge from agency – not to an inpatient facility</p>																
RESPONSE—SPECIFIC INSTRUCTIONS:																
<ul style="list-style-type: none"> • Can be a new diagnosis or an exacerbation to an existing condition. • No surgical codes - list the underlying diagnosis. • No V codes or E codes - list the appropriate diagnosis. • Three-digit code required; digits to the right of the decimal are optional. • Response to this item may include the same diagnoses as M0190 if the condition was treated during an inpatient stay AND caused changes in the treatment regimen. 																
ASSESSMENT STRATEGIES:																
<p>Obtain diagnosis from patient, caregiver, or referring physician. The current ICD-9-CM code book should be the source for coding.</p>																

OASIS ITEM:
<p>(M0220) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay* Within Past 14 Days: If this patient experienced an inpatient facility discharge* or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed <u>prior to</u> the inpatient stay* or change in medical or treatment regimen. (Mark all that apply.)</p> <p> <input type="checkbox"/> 1 - Urinary incontinence <input type="checkbox"/> 2 - Indwelling/suprapubic catheter <input type="checkbox"/> 3 - Intractable pain <input type="checkbox"/> 4 - Impaired decision-making <input type="checkbox"/> 5 - Disruptive or socially inappropriate behavior <input type="checkbox"/> 6 - Memory loss to the extent that supervision required <input type="checkbox"/> 7 - None of the above <input type="checkbox"/> NA - No inpatient facility discharge <u>and</u> no change in medical or treatment regimen in past 14 days** <input type="checkbox"/> UK - Unknown** </p> <p>* At discharge, omit all references to inpatient stay or inpatient facility discharge.</p> <p>** At discharge, omit "NA" and "UK."</p>
DEFINITION:
Identifies existence of condition(s) <u>prior to</u> medical regimen change or inpatient stay within past 14 days. (Past 14 days encompasses the two-week period immediately preceding the start/resumption of care, or the discharge date.)
TIME POINTS ITEM(S) COMPLETED:
Start of care Resumption of care Discharge from agency – not to an inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> Mark "NA" if no inpatient facility discharge <u>and</u> no change in medical or treatment regimen in past 14 days. Note that both situations must be true for this response to be correct. All references to inpatient facility stay or facility discharge are omitted at the discharge assessment (from the home health agency).
ASSESSMENT STRATEGIES:
Interview patient/caregiver to obtain past health history. Additional information may be obtained from the physician. Determine any conditions existing before the inpatient facility stay or before the change in medical or treatment regimen.